

## Attachment J-2

### ARKANSAS INSTITUTIONS OF HIGHER EDUCATION REHABILITATION AND RELATED PROGRAMS SURVEY

Name of Institution: \_\_\_\_\_

Name of Department: \_\_\_\_\_

Name of Program: \_\_\_\_\_

1. Number of students enrolled in the program during the past school year: \_\_\_\_\_

Of those enrolled, please specify the number of:

A. Male \_\_\_\_\_ Female \_\_\_\_\_

B. African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_  
Asian-American \_\_\_\_\_ Native-American \_\_\_\_\_  
Persons with Disabilities \_\_\_\_\_

C. Under age 20 \_\_\_\_\_ Age 20 to 29 \_\_\_\_\_ Age 30 to 39 \_\_\_\_\_  
Age 40 to 49 \_\_\_\_\_ Over age 50 \_\_\_\_\_

2. Number of students who dropped out of the program during the past school year: \_\_\_\_\_

3. Number of students who graduated from the program during the past school year: \_\_\_\_\_

4. Number of graduates with the required credentials for certification during the past school year: \_\_\_\_\_

5. Number of graduates who were certified/licensed during the past year: \_\_\_\_\_

Type of certification/license received:

\_\_\_\_\_

\_\_\_\_\_

6. Number of graduates employed by:

State Rehabilitation \_\_\_\_\_

Private Rehabilitation \_\_\_\_\_

7. Names and addresses of graduates: (Attach additional sheets if needed.)
